

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	9

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

6652.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Kimberly Robinson

09/30/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

6526.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List rental

Category/
Type

Office Sought:

☐

House

State: FL

Senate

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Kendrick Meek

Calendar Year-To-Date Per Election
for Office Sought

8354.69

Disbursement For:
2101☐

Primary

☒

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

M+R Strategic Services

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Mailing Address

2120 L Street, NW
6th Floor

Amount

126.00

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Copy & production

Category/
Type

Office Sought:

☐

House

State: FL

Senate

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Kendrick Meek

Calendar Year-To-Date Per Election
for Office Sought

8354.69

Disbursement For:
2101☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

6652.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

6652.00